



# PA NEWSMEDIA ASSOCIATION FOUNDATION 2021 NEWSPAPER CARRIER OF THE YEAR APPLICATION

Newspaper: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Age: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Route(s): \_\_\_\_\_

Date started on route (month and year): \_\_\_\_\_ Length of service: \_\_\_\_\_

Carrier Signature: \_\_\_\_\_

Parent/Guardian Signature (*for youth carrier under age 18 only*): \_\_\_\_\_

## CUSTOMER REFERENCES:

Names of two customers on your route who may be contacted. Enclose letters of recommendation, if available.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## TELL US ABOUT YOURSELF:

Why did you become a carrier? Why do you like being a carrier? \_\_\_\_\_

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Name one benefit of being an independent carrier: \_\_\_\_\_

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*Please turn page to continue the application.*



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What do you do to provide good delivery service to your customers? \_\_\_\_\_

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Community, school and/or personal activities: \_\_\_\_\_

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*Please attach any supporting material for the above information.*

## **THIS SECTION MUST BE COMPLETED BY NEWSPAPER REPRESENTATIVE:**

Number of current customers:            Daily \_\_\_\_\_ Sunday \_\_\_\_\_

In your own words, briefly describe the capabilities your carrier demonstrates in leadership, initiative and/or responsibility:

Leadership: \_\_\_\_\_

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Initiative: \_\_\_\_\_

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Responsibility: \_\_\_\_\_

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Newspaper Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Newspaper Representative Name (printed): \_\_\_\_\_

*Please attach any supporting material for the above information.*